

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	P385	
O.I.P.E. CLASSIFIER		10	3-1-10
FORMALITY REVIEW		17	5-17-10
RESPONSE FORMALITY REVIEW		17	6-2-10

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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